

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		3				
5	1					
6		1				
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8	1					
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TOTAL IND.	→		→		→	
TOTAL DEP.	→		→		→	
TOTAL CLAIMS	→		→		→	

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	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	→		→		→		→	
TOTAL DEP.	→		→		→		→	
TOTAL CLAIMS	→		→		→		→	